

INVOICE FOR GRANT PAYMENTS

Two-Year Funding Programs

| PART A - GRANT INFORMATION | | | |
|--|------------|--------------------------------|-------------------------------------|
| DATE: | IN | VOICE NUMBER: | |
| CDANITES NAME (MANUALS ADDS | NECC | (Grant Number) | Format: XXX-XX-XXXXX or XX-XX-XXXXX |
| GRANTEE NAME/MAILING ADDR | | CDANT DEDICO. | 4 |
| Grantee Name | | GRANT PERIOD: | to Format: MM/DD/YY to MM/DD/YY |
| Grantee Name | | | 10111at. 11111/25/11 to 11111/25/11 |
| Mailing Address 1 | TY | PE OF REQUEST: | |
| | | | 50% ADVANCE PAYMENT |
| Mailing Address 2 (Optional) | | | 40% SECOND PAYMENT |
| | | | 10% FINAL PAYMENT |
| City, State | Zip Code | | |
| PART B – 50% ADVANCE PAYMENT | | | |
| GRANT AWARD \$ x 50% | | 6 = ADVANCE PAYMENT REQUEST \$ | |
| PART C – 40% SECOND PAYMENT | | | |
| To qualify for release of the 40% second payment, the Grantee must have done the following: | | | |
| Completed and submitted the Interim Report online | | | |
| GRANT AWARD x 40% = SECOND PAYMENT AMOUNT REQUEST \$ | | | |
| | | | |
| PART D – 10% FINAL PAYMENT To qualify for release of the 10% final negment, the Creates must have done All of the following: | | | |
| To qualify for release of the 10% final payment, the Grantee must have done ALL of the following: | | | |
| Completed the Scope of Work as indicated in the Grant Standard Agreement Completed and submitted the Final Report (including the NEA Grants Activity Survey) online | | | |
| GRANT AWARD x 10% = FINAL PAYMENT AMOUNT REQUEST \$ | | | |
| | | | |
| CERTIFICATION | | | |
| "I hereby certify under penalty of perjury that this report is in accordance with the grant approved by and the standards of the California Arts Council, and that payment has not been previously received for the amount claimed herein." | | | |
| | | | |
| AUTHORIZED OFFICER'S PRINTED NAME / TITLE | | | PREPARER'S PRINTED NAME |
| | | | |
| AUTHORIZED OFFICER'S SIGNATURE Contact's Phone Number | | | Number |
| (Only use blue ink) | | Cartatta Francii | A daluara |
| Contact's Email Address | | | |
| FOR CAC ACCOUNTING USE ONLY | | | |
| FY FUND | APPROP REF | | |
| FY FUND | APPROP REF | · | VOUCHER |
| PROGRAM STAFF (Signature) | | APPROVAL DATE | |
| ACCOUNTING STAFF (Signature) | | PROCESS DATE | |